## PART B - FEE(S) TRANSMITTAL

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be

· 	E ADDRESS (Note: Use Block 1 for	any change of address)	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
Esther H. Chong, Esquire Synnestvedt & Lechner LLP 2600 Aramark Tower 1101 Market Street  MAY 16			I hereby certify the States Postal Service addressed to the I transmitted to the U	Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
Philadelphia, PA 19		THE SERVICE SERVICE			(Depositor's name)	
	,	TRABEMAN			(Signature)	
				·-·-	(Date)	
APPLICATION NO.	FILING DATE	FIRST NA	MED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/847,889	05/03/2001	Joh	n R. Hind	RSW920010017US1	7519	
APPLN. TYPE	SMALL ENTITY NO	ISSUE FEE \$1400	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional			\$300	\$1700	05/30/2006	
EXAMINER		ART UNIT	CLASS-SUBCLASS			
MEINECKE DIAZ, SUSANNA M		3623	705-010000			
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
PTO/SB/47: Rev 03-02 of	•					
PTO/SB/47; Rev 03-02 or Number is required.	RESIDENCE DATA TO B	E PRINTED ON THE PATE	ENT (print or type)			
PTO/SB/47; Rev 03-02 of Number is required.  ASSIGNEE NAME AND		E PRINTED ON THE PATE		ignee is identified below, the d	locument has been filed for	
PTO/SB/47; Rev 03-02 of Number is required.  ASSIGNEE NAME AND	an assignee is identified be 37 CFR 3.11. Completion of	E PRINTED ON THE PATE clow, no assignee data will a of this form is NOT a substitu	appear on the patent. If an ass	P.COLINITO VI		
PTO/SB/47; Rev 03-02 of Number is required.  ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE	an assignee is identified be 37 CFR 3.11. Completion of EE	E PRINTED ON THE PATE clow, no assignee data will a of this form is NOT a substitu	appear on the patent. If an ass ute for filing an assignment 37. DENCE: (CITY and STATE O	ignee is identified below, the city/2606 NBEYENE2 660001. RCONTRY) 1400.09 Di	Δ	
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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Mark D. Simpson